

TELEFAX COVER SHEET

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THIS MESSAGE HAS 5 PAGES INCLUDING THIS SHEETTO: Commissioner for PatentsFAX NO.: 703-872-9302FROM: Keith Taboada, Esq.DATE: May 15, 2003MATTER: Serial No. 09/865,852 Filed: May 24, 2001DOCKET NO.: AMAT/5367/CMP/RKKAPPLICANT: Smith

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal Letter (2 copies)
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<input type="checkbox"/> Amendment	dated <u>May 15, 2003</u>
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Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 15, 2003.
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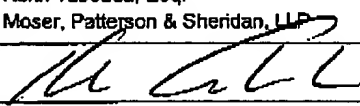
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/865,852
	Filing Date	May 24, 2001
	First Named Inventor	Smith
	Group Art Unit	3723
	Examiner Name	Robert A. Rose
Total Number of Pages In This Submission	Attorney Docket Number	AMAT/5367/CMP/RKK

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement (2 pages)
Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Keith Taboada, Esq. Moser, Patterson & Sheridan, LLP
Signature	
Date	May 15, 2003